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CONFIRMATION NO. 4876

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10/567,051		604	3767	

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US04/26109 08/12/2004
 which claims benefit of 60/494,286 08/12/2003
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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

05/23/2008

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/EMILY LOUISE SCHMIDT/ Examiner's Signature	Initials	UT	149	3	3

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TITLE

Patch-Like Infusion Device

FILING FEE RECEIVED 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit